CITY OF ALLENTOWN BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS DIVISION 435 HAMILTON STREET - ROOM 428 or 4th FLOOR ALLENTOWN, PENNSYLVANIA 18101-1699 (610) 437-7591

<u>Deadline: Friday, September 25, 2015</u> <u>Exam: Tuesday, November 10, 2015</u>

APPLICATION - JOURNEYMAN PLUMBER LICENSE TEST - \$60.00

Applications must be filed at least forty-five (45) days prior to date of examinations as hereinafter provided. P125.1

QUALIFICATIONS - REQUIREMENTS

Every applicant for Journeyman Plumber License shall be over the age of twenty-one (21) years. At the time of application, every applicant shall have at least four (4) years of practical experience on the installation of drainage, waste, vent and water systems with a Registered Master Plumber or its equivalent. ORDINANCE #14190 - PASSED 06/04/04.

PLEASE PRINT OR TYP	E CLEARLY AND	COMPLETE LY	FILL OUT THE APPLICATION:	
NAME:				
ADDRESS:				
CITY:		STATE:	ZIP CODE:	
PHONE: ()				
DATE OF BIRTH:				
********		DAY ********	YEAR *************	******
Inspections - Division 435 *****DEADLINE FOR AF	Hamilton Street - I	Room 428 Allento BE RETURNED IS	eau of Building Standards & Safety wn, PA 18101-1699. S: <u>FRIDAY, September 25, 2015****</u> er 10, 2015************************************	** <u> </u>
JOURNEYMAN PLUMB	ER LICENSE:	FEE RE	CC'D:DATE:	

*****IMPORTANT*****

The applicant shall obtain the signature(s), and address(es) and telephone number(s) of the Registered Master Plumber(s) or its equivalent with whom the applicant has at least four (4) years of practical experience in the installation of drainage, waste, vent and water systems.

PLEASE PRINT OR TYPE CLEARLY AND COMPLETELY FILL OUT THE APPLICATION:

****If additional space is needed please attach a sheet to the application*****

	attest that the applicant: at the installation of drainage, waste, vent and	
DATE:	TO DATE:	BY:
NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	EMPLOYER'S SIGNATUR	E:
I, the undersigned,	attest that the applicant:	has
DATE:	TO DATE:	BY:
NAME:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
	EMPLOYER'S SIGNATURE	
I, knowledge and beli	hereby declare that the fief:	Coregoing statements are true to the best of my
DATE:	APPLICANT'S SIGNATURE:	
NOTARY PUBLIC	CSEAL	
DATE:	NOTARY SIGNATURE:	

Any false statements contained in this application shall be in direct violation of the City Of Allentown ORDINANCE #14190 - PASSED 06/04/04 as amended, governing the licensing of plumbers and inspection of all plumbing within the City Of Allentown.

<u>Deadline: Friday, September 25, 2015</u> <u>Exam: Tuesday, November 10, 2015</u>

PLEASE READ THIS INFORMATION BEFORE COMPLETING YOUR APPLICATION.

You MUST have your employer that holds the Master Plumber License signed and a copy of his or her Master Plumber License MUST be submitted with this application.

If your employer will not sign and will not give you a copy of his or her Master Plumber License you MUST submit copies of your W2.

If you should have any questions, please call (610) 437-7591 or (610) 437-7592

PLEASE READ THIS INFORMATION BEFORE CONTINUING YOUR APPLICATION.

YOUR APPLICATION MUST BE FILLED OUT COMPLETELY AND CORRECTLY BEFORE IT WILL BE PROCESSED.

IF YOUR APPLICATION IS REJECTED DUE TO INCOMPLETE OR ERRONEOUS INFORMATION, YOU WILL BE REQUIRED TO PAY THE APPLICATION FEE AGAIN

Deadline: Friday, SEPTEMBER 25, 2015 Exam: Tuesday, NOVEMBER 10, 2015

PLEASE READ THIS INFORMATION BEFORE COMPLETING YOUR APPLICATION